

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O I P E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1		5		101	
2		5		102	
3		5		103	
4		5		104	
5		5		105	
6		5		106	
7		5		107	
8		5		108	
9		5		109	
10		6		110	
11		6		111	
12		6		112	
13		6		113	
14		6		114	
15		6		115	
16		6		116	
17		6		117	
18		6		118	
19		6		119	
20		7		120	
21		7		121	
22		7		122	
23		7		123	
24		7		124	
25		7		125	
26		7		126	
27		7		127	
28		7		128	
29		7		129	
30		8		130	
31		8		131	
32		8		132	
33		8		133	
34		8		134	
35		8		135	
36		8		136	
37		8		137	
38		8		138	
39		8		139	
40		8		140	
41		8		141	
42		8		142	
43		8		143	
44		8		144	
45		8		145	
46		8		146	
47		8		147	
48		8		148	
49		8		149	
50		8		150	

If more than 150 claims or 10 actions
staple additional sheet here

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